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CONFIRMATION NO. 2880

<b>SERIAL NUMBER</b> 10/822,411	<b>FILING OR 371(c) DATE</b> 04/12/2004 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b> 16618Z(PC10534B)
<b>APPLICANTS</b> Michael P. DeNinno, Gales Ferry, CT; Hiroko Masamune, Noank, CT; Robert W. Scott, Mystic, CT;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/640,530 08/17/2000 PAT 6,803,457 which claims benefit of 60/156,828 09/30/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/23/2004</b>				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>E. J. Olson</i> ESO Examiner's Signature Initials	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 92
<b>INDEPENDENT CLAIMS</b> 8				
<b>ADDRESS</b> 23389				
<b>TITLE</b> Compounds for the treatment of ischemia				
<b>FILING FEE RECEIVED</b> 2496	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	